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Informed Consent Receipt

Client Name: _____

Date of Birth: _____

I have received and read the three-page document titled "INFORMED CONSENT FOR TREATMENT" and I fully understand the policies listed in that document.

I understand that therapy is a joint effort between the therapist and the client, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances.

I agree that I will be responsible for payment of all professional fees. I understand the office policies regarding late cancellations or missed sessions as outlined in the consent to treatment form.

I understand that by signing this document, I do hereby request of and grant permission for this therapist to provide psychotherapy services to myself.

My signature below indicates agreement to the above.

Client Signature

Date (mm/dd/yyyy)